

Dr. Neu MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027924

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2,000

Registrar's No. 1160-A

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN SPRINGFIELD

Length of stay in 1b

60 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

MERCY VILLA

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

c. CITY

OR TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1455 SUMMIT

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

RUBEN

Middle

WILLIAM

Last

FUGITT

4. DATE OF DEATH

Month

JULY

Day

19

Year

1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/21/79

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

Hours

IF UNDER 24 HR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

PHARMACIST

11. BIRTHPLACE (City and state or country)

CARTHAGE, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEORGE FUGITT

13b. MOTHER'S MAIDEN NAME

ELIZA HAYCRAFT

14. NAME OF HUSBAND OR WIFE

FRANCES FUGITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, go on, or unknown) (If yes, give war or dates of service)

YES

SPANISH-AMERICAN

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. CHAS. MORTON, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 day

DUE TO (b)

Cerebral arteriosclerosis

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Myofibrosarcoma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7 Aug 62 to death and last saw her him alive on July 18, 1963
Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Dr. T. Neu for M.D.

22b. ADDRESS

Springfield Mo

22c. DATE SIGNED

7/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-22-63

23c. NAME OF CEMETERY OR CREMATORY

HAZELWOOD CEMETERY

23d. LOCATION (City, town, or county)

SPRINGFIELD, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

7-23-63

26. REGISTRAR'S SIGNATURE

Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED		
1 6391			
2 0391			
3			
4 0			
5 1			
6			
7 0			
8 0			
9 332XH			
10			
11			
12 86-0			
13			

AUG 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucian J. Shadley

Licensed Embalmer No. 4875

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.